

Inventor Information

Inventor One Given Name:: Solomon S.
Family Name:: Steiner
Name Suffix::
Postal Address Line One:: 24 Old Wagon Road
Postal Address Line Two::
City:: Mount Kisco
State or Province:: NY
Country:: USA
Postal or Zip Code:: 10549
City of Residence:: Mount Kisco
State or Prov. of Residence:: NY
Country of Residence:: USA
Citizenship Country:: US

Inventor Two Given Name:: Bryan R.
Family Name:: Wilson
Name Suffix::
Postal Address Line One:: 16 Seminary Lane
Postal Address Line Two::
City:: Granite Springs
State or Province:: NY
Country:: USA
Postal or Zip Code:: US
City of Residence:: Granite Springs
State or Prov. of Residence:: NY
Country of Residence:: USA
Citizenship Country:: US

1320707v1

Correspondence Information:

Correspondence Customer Number:: 23579
Telephone:: 404-873-8794
Fax:: 404-873-8795
Electronic Mail One:: jeanette.stines@agg.com
Electronic Mail Two:: patrea.pabst@agg.com

Application Information:

Title Line One:: DRY POWDER FORMULATIONS OF
Title Line Two:: ANTIHISTAMINE FOR NASAL ADMINISTRATION
Title Line Three::
Total Drawing Sheets:: 0
Formal Drawings?:: No
Application Type:: Utility
Docket Number:: PDC 119
Licensed US Govt. Agency:: No
Contract or Grant Numbers One::
Contract or Grant Numbers Two::
Secrecy Order in Parent Appl.?:: No

Representative Information

Representative Customer Number:: 23579

FOR OFFICIAL USE ONLY